TOWN OF DAVIE 6591 S.W. 45 STREET DAVIE, FLORIDA 33314 (954)797-1112

HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION
BUSINESS NAME: SOURCE MART INC.
BUSINESS STREET ADDRESS: 14951 S.W. 27 STREET, DAVIE, FL ZIP 3333 1
BUSINESS MAILING ADDRESS: SAME ZIP
BUSINESS PHONE: 954-413-5233
DESCRIBE TYPE OF BUSINESS: COMPLETER RESELLER SERVICE GOTO CLIENT OFFICE
BUSINESS IS: Corporation X Sole Proprietor Partnership
Owner/Officer (s) Home Address City/Zip Phone#
1. George Duke 14951 S.W. 27 STREET, DAVIE, FL 33331 954-473-5235
2. ELAN DUKE !!
Federal ID Number or Social Security Number
I understand that this is an application for a home occupational license in the Town of Davle and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30,, and must be renewed before October 1st.
This application for home occupational license allows mail and telephone use
only, no signs or exterior storage, no on-site employees are permitted.
Elan Shike, Elan Duke, VICE PRESIDET Elan Sud
Print Owner or Officers Name and Title Signature of Owner or Officer
Office Use Only: Date S Category S S Fee Exempt per Sec. 13-13 New Trans
License # 01 15589 Control # 130/6/6 Zoning 4-1
Council approval Required Yes No Zoning Approval Date
Town Council Date Denied Denied
Tabled To Denied
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION

8/00